

<b>Case Number:</b>	CM14-0104295		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 65-year-old female with a 4/15/13 date of injury. The request for authorization (5/13/14) is for pain management consultation for consideration of a cervical spine epidural steroid injection. There is documentation of subjective (none specified) and objective tenderness to palpation. It is present over the paravertebral muscle and trapezius muscle associated with guarding and spasm, range of motion is decreased, sensation is decreased along the left C5 and C6 dermatomes) findings. An imaging finding of a MRI to the cervical spine (6/3/13) report revealed at C3-4 moderate right neural foraminal narrowing. The C4-5 shows mild right neural foraminal narrowing. At C5-6 there is mild bilateral neural foraminal narrowing. The current diagnoses is cervical spine sprain/strain with left upper extremity radiculitis, chronic mild compression deformity of C5 body, and disc bulge at C5-C5 with stenosis at C3 through C6. The treatment to date is with medication. There is no documentation of subjective and radicular findings in each of the requested nerve root distributions, imaging findings at each of the requested levels, and failure of additional conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Pain management consultation for consideration of cervical spine epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs).

**Decision rationale:** MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical epidural injection. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain with left upper extremity radiculitis, chronic mild compression deformity of C5 body, and disc bulge at C5-C5 with stenosis at C3 through C6. In addition, there is documentation of failure of conservative treatment (medications). However, despite documentation of objective findings (decreased sensation at the left C5 and C6), and given no documentation of the specific level to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions and imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. In addition, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for pain management consultation for consideration of cervical spine epidural steroid injection is not medically necessary.